

Colorado Gaming License CHANGE OF ADDRESS/NAME NOTIFICATION

NAME ON LICENSE		
LICENSE NUMBER	LICENSE TYPE <input type="checkbox"/> SUPPORT <input type="checkbox"/> KEY	PHONE NUMBER ()

ADDRESS CHANGE

NEW STREET ADDRESS			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS (If different from street address)			
CITY	STATE	ZIP	COUNTY

NAME CHANGE

NEW NAME	
REASON FOR NAME CHANGE (CHECK ONE)	
<input type="checkbox"/> Marriage	Date: _____
<input type="checkbox"/> Divorce	Date: _____
<input type="checkbox"/> Court Order	Date: _____
Submit a copy of the legal documentation reflecting the name change. Acceptable forms of documentation include: marriage license, divorce decree, court order, immigration records, or passport.	

HOW TO SUBMIT

Deliver, Mail or Fax to any Division of Gaming office:		
GOLDEN 17301 W. Colfax, Suite 135 Golden, CO 80401 Fax: (303) 205-1342	CENTRAL CITY 142 Lawrence St., P.O. Box 721 Central City, CO 80427 Fax: (303) 582-0535	CRIPPLE CREEK 350 W. Carr Ave., P.O. Box 1209 Cripple Creek, CO 80813 Fax: (719) 689-3366

SIGNATURE	DATE
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